

City of Bowman
APPLICATION FOR SERVICES

Acct#: _____

Name: _____ Date of Application: _____

SSN: _____ DL: _____ Phone: _____

Service Address: _____ Own or Rent: _____

Mailing Address (if different from service address) _____

Email Address _____

For Renters Only:
Name of Landlord: _____ Number: _____

Employer's Name: _____ Employer's # _____
Employer's Address: _____

Name of nearest relative (not living with you): _____
Relative's Phone Number: _____

SERVICES:

____ Water ____ Gas ____ Limb Pick-up Service (LPS)
____ Sewer ____ Garbage **X** Administrative Fee (ADM) - \$3 per mo.

Have you (or your spouse) previously had utilities with the City of Bowman? Y/N _____
If so, under what name(s): _____

If Gas Service is requested, has customer received gas information notice? Y/N _____

If Garbage Service is requested, is there a garbage cart at this location? Y/N _____

Applicants Signature: _____ **Date:** _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

____ White (not of Hispanic Origin) ____ Hispanic ____ Male
____ Black (not of Hispanic Origin) ____ Asian or Pacific Islander
____ American Indian or Alaskan Native ____ Native Hawaiian or Pac. Islands ____ Female

OFFICE USE ONLY

Photo ID checked/copied by: _____
initials

Account #: _____

Service: _____ Residential

_____ Commercial

_____ Other

WATER Beginning Reading: _____

Date: _____

Amount of Deposit: \$100.00

Date Paid: _____ Cash/Check # _____

Administrative Fee: \$50.00

Date Paid: _____ Cash/Check # _____

GAS Beginning Reading: _____

Date: _____

Amount of Deposit: \$200.00

Date Paid: _____ Cash/Check # _____

Administrative Fee: \$50.00

Date Paid: _____ Cash/Check # _____

GARBAGE Site ID#: _____

OTHER INFORMATION:

FINAL / SHUT OFF INFORMATION:

Date of Disconnect: _____

Final Reading Water: _____ Date: _____ Final Reading Gas: _____ Date: _____

Final Bill Due: _____

Deposit Refund Due: _____

Forwarding Address: _____